DOCUMENT RESUME

ED 366 890 CG 025 238

AUTHOR Hinkle, J. Scott
TITLE Psychodiagnosis for Counselors: The DSM-IV.
INSTITUTION ERIC Clearinghouse on Counseling and Student Services, Greensboro, NC.
SPONS AGENCY Office of Educational Research and Improvement (ED), Washington, DC.
REPORT NO EDO-CG-94-06
PUB DATE Apr 94
CONTRACT RR93002004
NOTE 3p.
PUB TYPE Information Analyses - ERIC Clearinghouse Products (071)

EDRS PRICE MF01/PC01 Plus Postage.
DESCRIPTORS Classification; *Counselor Training; *Educational Diagnosis; *Evaluation Criteria; Evaluation Methods; Higher Education; Labeling (of Persons); *Mental Disorders; *Psychological Evaluation
IDENTIFIERS *Diagnostic Statistical Manual of Mental Disorders; ERIC Digests

ABSTRACT

This digest notes that there has been an increase in the number of graduate community mental health counseling programs requiring course work in abnormal behavior, psychopathology, and psychodiagnosis and that, as a result of this increase, utilization of the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) also has been dramatically increased in counselor education training. Both advantages and disadvantages to using the DSM-IV within the counseling profession as well as major psychodiagnostic features of the DSM-IV are discussed. It is noted that each DSM-IV classification contains specific diagnostic criteria, the essential features and clinical information associated with the disorder, as well as differential diagnostic considerations, and includes information concerning diagnostic and associated features; culture, age, and gender characteristics; prevalence, incidence, course and complications of the disorder; familial patterns; and differential diagnosis. The 15 categories of mental disorders contained in the DSM-IV are listed and example given for each category. The five-axis multiaxial system by which DSM-IV diagnoses are coded is explained. Finally, sociocultural implications of using DSM-IV diagnoses are considered. The digest concludes that an up-to-date understanding of the DSM-IV and its implications in counseling will be imperative to the effective and ethical delivery of professional community mental health counseling services. (NB)

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ERIC CLEARINGHOUSE ON Counseling And Student Services

CASS DIGEST

ED 366 890

April 1994 EDO-CG-94-06

Psychodiagnosis for Counselors: The DSM-IV

J. Scott Hinkle

The profession of counseling is growing rapidly as reflected by the proliferation of professional community mental health counseling graduate programs. Graduates of these programs are providing counseling services in mental health centers, psychiatric hospitals, employee assistance programs, and various other community settings. At the foundation of effective mental health care is problem conceptualization and treatment planning which rely on the establishment of a valid diagnosis. This has caused an increase in the number of graduate community mental health counseling programs requiring course work in abnormal behavior, psychopathology, and psychodiagnosis. As a result, utilization of the *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition* (DSM-IV) (APA) (1994) also has been dramatically increased in counselor education training. Skill in its use is undoubtedly necessary when assessing counseling clients seeking services in community mental health settings.

Utilization of the DSM-IV within the counseling profession is not, however, without controversy. Assigning a diagnosis to a client is uncomfortable for many counselors. The disadvantages associated with using the DSM have included the promotion of a mechanistic approach to mental disorder assessment, the false impression that the understanding of mental disorders is more advanced than is actually the case, and an excessive focus on the signs and symptoms of mental disorders to the exclusion of a more in-depth understanding of the client's problems including human development. Relatedly, Wakefield (1992) has recently argued that the DSM concept of *mental disorder* would better serve people if it were referred to as a *harmful dysfunction.* He has based this on numerous citations that have suggested psychodiagnosis is used to control or stigmatize behavior that is actually more socially undesirable than disordered.

Conversely, advantages to implementing the DSM have included the development of a common language for discussing diagnoses, an increase in attention to behaviors, and facilitation of the overall learning of psychopathology. Seligman (1990) has indicated that knowledge of diagnosis is important for counselors so that they may provide a diagnosis for clients with insurance coverage and inform clients if their counseling will be covered by medical insurance. In addition, a DSM diagnosis assists with accountability and record keeping, treatment plan, communication with other helping professionals, and identification of clients with issues beyond areas of expertise.

Major Psychodiagnostic Features of the DSM-IV

According to the DSM-IV, mental disorders are conceptualized as clinically significant behavioral or psychological syndromes or patterns that occur in a *person* and are associated with *distress* (a painful symptom) or *disability* (impairment in one or more important areas of functioning) or with increased risk of suffering death, pain, disability, or an important loss of freedom. In addition, the syndrome or pattern must not be an expectable response to a particular event (APA, 1994).

Although the DSM system can be difficult to interpret for those with limited clinical experience or personal familiarity with mental disorders, it is relatively easy for experienced counselors to learn. Each DSM-IV contains specific diagnostic criteria, the essential features and clinical information associated with the disorder, as well as differential diagnostic considerations. Information concerning diagnostic and associated features, culture, age, and gender characteristics, prevalence, incidence, course and complications of the disorder, familial pattern, and differential diagnosis are included. Many diagnoses require symptom severity ratings (mild, moderate, or severe) and information about the current state of the problem (e.g., partial or full remission).

The DSM-IV contains fifteen categories of mental disorders. *Disorders Usually First Diagnosed in Infancy, Childhood or Adolescence* focuses on developmental disorders and other childhood difficulties. *Delirium, Dementia, Amnestic and Other Cognitive Disorders* include Alzheimer's conditions and Vascular Dementia. *Mental Disorders Due to a General Medical Condition* include anxiety and mood difficulties as well as personality change due to physical complications. *Substance Related Disorders* consist of drug and alcohol abuse and dependence. *Schizophrenia and Other Psychotic Disorders* are a continuum of difficulties that stress lack of contact with reality as well as Delusional Disorders. *Mood Disorders* and *Anxiety Disorders*, including Major Depression and Posttraumatic Stress Disorder are featured diagnoses often used by counselors. *Somatoform Disorders, Factitious Disorders, Dissociative Disorders, Sexual and Gender Identity Disorders, Eating Disorders, Sleep Disorders, Impulse Control Disorders, Adjustment Disorders*, and *Personality Disorders* are among the other diagnostic categories in the DSM-IV. In addition, several lesser disorders referred to as V Codes are included (e.g., Parent-Child Relational Problem, Partner Relational Problem,

CG025238

Bereavement, and Occupational Problem). Due to the V Codes' "minor status," they are typically not covered by third party payers.

The Multiaxial System

Diagnoses in the DSM-IV are coded by the *multiaxial system* which incorporates five axes. All diagnoses except for Personality Disorders are coded on Axis I. Only Personality Disorders are coded on Axis II. Axis III is for physical disorders and conditions. Axes IV and V represent Severity of Psychosocial and Environmental Problems and Global Assessment of Functioning (GAF), respectively, and are used for treatment planning and prognosticating. For example, a full multiaxial diagnosis would be presented as:

AXIS I: 309.00 Adjustment Disorder with Depressed Mood
V61.12 Partner Relational Problem

AXIS II: 799.90 Diagnosis deferred on Axis II

AXIS III: None

AXIS IV: Psychosocial stressors: change of jobs
Severity: 3 - Moderate (acute circumstances)

AXIS V: Current GAF: 66
Highest GAF Past Year: 80

When considering a DSM-IV diagnosis, the frequency, intensity, and duration of symptoms as well as premorbid functioning must be addressed.

Sociocultural Implications

Professional counselors utilizing DSM-IV diagnoses yield sizeable power that can be interpreted as oppressive to some groups of people. Third party interests (i.e., insurance carriers) also may bring nonscientific values into the diagnostic process.

An accurate psychodiagnosis depends on ethnocultural and linguistic sensitivity (Malgady, Rogler & Constantino, 1987). Clients of lower socioeconomic class may experience, define, and manifest mental disorders differently from middle- and upper-class clients. Moreover, the DSM's lack of focus on the problematic features of a social context may be perpetuating the oppression of certain groups of people (e.g., womyn).

Gender and race of clinician also have been found to impact an accurate psychodiagnosis (Loring & Powell, 1988). Counselors using the DSM-IV will need to be keenly aware of the implications associated with its use as well as the impact a diagnosis may have on a client's treatment -- within and outside of the counseling process.

In conclusion, the DSM-IV is not the only psychodiagnostic nomenclature in existence, but it is the most popular and is here to stay. Counselors have utilized it in a professional manner in the past, use the DSM-IV today, and will use the DSM-V in the future. An up-to-date understanding of this diagnostic system and its vast implications in counseling will be imperative to the effective and ethical delivery of professional community mental health counseling services.

Resource Documents

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J. Scott Hinkle is Associate Professor of Counselor Education at the University of North Carolina at Greensboro.

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This publication was funded by the Office of Educational Research and Improvement. Opinions expressed in this report do not necessarily reflect the positions of OERI or ERIC/CASS